



The Green River Preserve

Health, Risk and Release Form

301 Green River Road / Cedar Mountain, NC 28718 / 828-698-8828

School/Group:
Dates Attending:

General Information Participants name:	Parent/guardian:
Home address:	Home phone of parent/guardian: Cell/work phone numbers of parent/guardian:
Gender: Male _____ Female _____ Date of Birth: _____	Emergency contact name: Relationship to participant: Contact numbers:

Medical History and Related Information
Please list all medical conditions, medications, allergies (food, medicine, other), dietary restrictions and/or special needs (use the back as necessary).

Are participant immunizations up to date: ___Yes ___No Is the participant covered by Medical Insurance: ___Yes ___No
Name of Insured: _____ Insurance Provider: _____
Policy/Group Numbers: _____

Emergency Authorization
I understand that the visiting school holds primary responsibility for medical care and administering medications. If visiting school personnel are not immediately available, or grant permission, I authorize GRP staff to render first aid and administer medication as needed (for example: antihistamines for allergic reactions, anti-inflammatory medications for severe sprains, and epinephrine for anaphylaxis).

If outside medical treatment is needed for the treatment of the participant named above, I hereby give permission to GRP and/or the visiting school: to arrange necessary transportation; to select medical personnel and for the selected personnel to order x-rays, routine tests, and provide treatment; to release any records necessary for treatment, referral, billing or insurance purposes. In the event that I cannot be reached in an emergency situation, I hereby give permission to the physician selected by GRP and or the visiting school to secure and administer treatment, including hospitalization.

Release/Acknowledgment of Risk
I understand the content of the Green River Preserve school program and consent to the participation of the above named participant. Except in instances of gross neglect, I release the institution known as the Green River Preserve, Green River Youth Enrichment Camp, Inc., and all associated board members, staff and employees, from any liability which may arise out of, or in connection with the participation of the above name participant in the Green River Preserve school program. I give my permission for photographs, audio/video recordings of the participant named above to be used by the Green River Preserve for its promotion, web site and news media coverage.

Signature
Parent/guardian or Adult Participant: _____ Date: _____

Participant's Acknowledgment
I agree to follow the instructions and directions given to me by the Green River Preserve staff. I understand too, that I have a responsibility for my own safe participation in this program, and I assume this responsibility.

Participant Signature: _____ Date: _____